

<b>FACSIMILE TRANSMITTAL FORM</b>	Application Number	10/666098
	Filing Date	September 18, 2003
	First Named Inventor	Rosenflanz, Anatoly Z.
	Art Unit	1755
	Examiner Name	Elizabeth Bolden
Fax: 703-872-9306	Attorney Docket Number	58961US002
Total Number of Pages in This Submission: 7		
Date: March 8, 2005	Attorney for Applicant: Gregory D. Allen	

**RECEIVED**  
**CENTRAL FAX CENTER**

**MAR 08 2005**

<b>ENCLOSURES</b> (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
<b>REMARKS:</b>		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION  
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION  
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.  
If this transmission was received in error, please immediately notify me by telephone directly at (651) 736-0641 or 651-733-1500, and we will arrange for its return at no cost to you.

Substitute for form 1449A/PTO (modified)

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Page 1 of 1

Application Number

10/666098

Filing Date

September 18, 2003

First Named Inventor

Rosenflanz, Anatoly Z.

Art Unit

1755

Examiner Name

Elizabeth Bolden

Attorney Case Number

58961US002

**U.S. Patent Documents**

Exam. Init.*	Cite No.	Document Number	Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Doc. Number-(Kind Code if Known)			
	A1	US- 3,754,978	08/28/1973	Elmer et al.	
	A2	US-			
	A3	US-			
	A4	US-			
	A5	US-			
	A6	US-			
	A7	US-			
	A8	US-			
	A9	US-			
	A10	US-			
	A11	US-			

**Foreign Patent Documents**

Exam. Init.*	Cite No.	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Translation (Check if yes)
		Ctry. Code	Number-KindCode (if known)				
	B1						
	B2						
	B3						
	B4						
	B5						
	B6						
	B7						

**OTHER DOCUMENTS**

Exam Init.*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	Translation (Check if yes)
	C1		
	C2		
	C3		

\*Examiner:

Date Considered:

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.